## Exhibit C

FORM 1935 (4) 114-44-856-midd) (04/DOC 12222-3 Filed 01/	
United States Bankruptcy Court Southean Pr	Signation New York PROOF OF CLAIM
Name of Debtor Automotive Systems LC	Case Number 05-44640
NOTE: This form should not be used to make a claim for an administrative of the case. A "request" for payment of an administrative expense may be fi	expense arising after the commencement led pursuant to 11 U.S.C. § 503.
noney or property):  Alcod Automictive Castings (a Nichigan Name and address where notices should be sent:  Roul Kopatich  Alcod  Alcod  Dilettox	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by the court.  This Space is for Court Use Only
Account or other number by which creditor identifies debtor:	Check here replaces if this claim a previously filed claim, dated:
1. Basis for Claim  Goods Sold / Services Performed  Customer Claim Taxes  Money Loaned Personal Injury Other	Retiree benefits as defined in 11 U.S.C. § 1114(a)  Wages, salaries, and compensation (fill out below)  Last four digits of SS #:  Unpaid compensation for services performed  fromto  (date) (date)
2. Date debt was incurred:  Pre Vetition	3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 752,1084.  (unsecured)  If all or part of your claim is secured or entitled to priority, also com  Check this box if claim includes interest or other charges in addition interest or additional charges.	plete Item 5 or 7 below.
5. Secured Claim.  Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral:  Real Estate Motor Vehicle Other  Value of Collateral:  Amount of arrearage and other charges at time case filed included in secured claim, if any:  6. Unsecured Nonpriority Claim \$ 752,684.74  Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	7. Unsecured Priority Claim.  Check this box if you have an unsecured priority claim  Amount entitled to priority \$
<ol> <li>Credits: The amount of all payments on this claim has been credited this proof of claim.</li> <li>Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contracts, court agreements, and evidence of perfection of lien. DO NOT SEND ORIGIN not available, explain. If the documents are voluminous, attach a summar 10. Date-Stamped Copy: To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim</li> <li>Date</li> </ol>	such as promissory notes, purchase judgments, mortgages, security AL DOCUMENTS. If the documents are y. sof your claim, enclose a stamped, self-
Date Sign and print the name and title, it any, of the cr this claim (attach copy of power of attorney, if an TRUL Koparnest Cosous CRED.	

## **Proof of Claim Summary**

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